



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 North Park Avenue, Suite 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or (877) 275-7372

DIRECT DEPOSIT AGREEMENT

To authorize Direct Deposit of your payment from the MPERA, **read the back of this form** and provide the information requested below. Inform MPERA of any address changes to receive retirement information.

PAYEE INFORMATION (please type or print legibly in dark ink)

NAME _____ SOCIAL SECURITY NUMBER* _____ - _____ - _____

MAILING ADDRESS _____ RETIREMENT NUMBER _____
(leave blank if unknown)

CITY _____ ST _____ ZIP CODE _____ PHONE NUMBER (____) _____

RETIREMENT SYSTEM: (check one) ☐ PERS ☐ SHERIFFS ☐ HWY PATROL ☐ POLICE ☐ VOL FIRE
☐ JUDGES ☐ FIREFIGHTERS ☐ GAME WARDENS & PEACE OFFICERS

PAYEE CERTIFICATION I request that MPERA directly deposit my payment from the identified retirement system to the identified financial institution. I certify that I am entitled to payment from the retirement system identified above; I have read and understood the back of this form; I have identified all joint account holders; and I authorize MPERA to make necessary adjustments to my account to collect deposits made in error.

Signature of Payee

Date

JOINT ACCOUNT HOLDER CERTIFICATION

Name of Joint Bank Account Holder

Home Mailing Address

City, State & Zip Code

Phone number (____) _____

I certify that I have read and understood the back of this form, particularly the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

FINANCIAL INSTITUTION INFORMATION

◆Note – MPERA cannot make direct deposits to banks outside the U.S.A.◆

Name of Financial Institution

Mailing Address

City, State & Zip Code

Phone number (____) _____

Account Type _____ checking* _____ savings**

Account number _____

Signature of Joint Account Holder

Social Security Number*

Date

*VOIDED **CHECK** ATTACHED IF CHECKING ACCOUNT (Do not staple)

**ROUTING NUMBER PROVIDED BELOW IF SAVINGS ACCOUNT

Routing number

(DO NOT ATTACH DEPOSIT SLIP)

MPERA USE

RET NO _____

PROCESSED _____

IMPORTANT – READ CAREFULLY

The Montana Public Employee Retirement Administration (MPERA) is pleased to offer you the safety and convenience of direct deposit of your monthly benefit payment. You must complete this form to authorize the MPERA to send your monthly payment to the identified financial institution for deposit in your account. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or federal or state chartered credit union located in the US. Social security numbers are required for tax purposes. *Cite. 26 USC § 6401A and 6109*

Forms received by the 15th of any month will be processed that month. Your payment will be electronically deposited into your bank account and posted on the last business day of each month. MPERA will send no separate notification that your payment has been deposited, unless the net amount of the payment changes. **NOTE: If changing accounts, do not close your existing account until a payment has been deposited into your new account.**

After completing the form in full, you and any joint account holder(s) must certify, by signing and dating the form, that you understand your responsibilities and that the information you have provided is correct. Providing false information or the improper receipt of payments may be criminal offenses under federal and Montana law.

If your payment is to be deposited into your checking account, attach a **VOIDED CHECK**. If it is to be deposited into your savings account, provide the routing number. Make a copy of this form for your records, then return this form to:

MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
100 NORTH PARK AVENUE SUITE 200
PO BOX 200131
HELENA MT 59620-0131

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the MPERA and the financial institution of the death of the payee. Payments deposited after the date of death must be returned to the MPERA. A determination regarding any death benefit payable will be made by the MPERA.

The MPERA will check benefit recipients against records of in-state deaths on a monthly basis and to records of national deaths on an annual basis to determine if benefit payments should cease or be modified. Social security numbers are used for identification purposes. *Cite. §19-2-403(7), MCA*

CANCELLATION

The direct deposit of your payment will continue until you notify the MPERA, in writing, that you wish to change your account, or upon notification of your death. If you wish to change financial institutions, contact the MPERA for a new Direct Deposit Agreement. **If changing accounts, do not close your existing account until a payment has been deposited into your new account.**

The financial institution may also cancel this agreement upon notification to you, the payee. Notify the MPERA if this occurs.

If you have questions regarding this information, please call the MPERA at 1-877-275-7372.

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.